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26986 7590 04/05/2007

MORRISS O'BRYANT COMPAGNI, P.C.
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Paul C. Oestreich		(Depositor's name)
		(Signature)
04-30-07		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,371	01/27/2004	L. Alma Jessop	3764.CFS.NP	1573

TITLE OF INVENTION: CONCRETE FORM SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAFAVI, MICHAEL	3673	052-745090

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> MORRISS
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> O'BRYANT
	<input type="checkbox"/> COMPAGNI

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 05/04/2007 HDENESS2 00000122 10765371

CACTUS HOLDINGS, LLC

LEHI, UTAH

01 FC:2501

700.00 0P

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Paul C. Oestreich

Date 04-30-07

Typed or printed name Paul C. Oestreich

Registration No. 44,983

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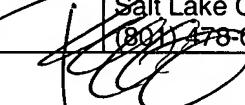
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/765,371
		Filing Date	January 27, 2004
		First Named Inventor	L. Alma Jessop
		Group Art Unit	3673
		Examiner Name	SAFAVI, MICHAEL
Total Number of Pages in this Submission (including this sheet)	2	Attorney Docket No.	3764.CFS.NP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Check for \$ <u>1,000</u> <input type="checkbox"/> Credit card authorization for \$ <u> </u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings <u> </u> sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request <u> </u> month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input checked="" type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Maintenance Fee Transmittal <u> </u> year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant	Paul C. Oestreich, Registration No. 44,632 MORRISS O'BRYANT COMPAGNI, P.C. 734 East 200 South Salt Lake City, Utah 84102 (801) 478-0071 telephone; (801) 478-0076 facsimile		
Signature			
		Date	04-30-07

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Signature			
		Date	04-30-07